

Training Events Evaluation Form

Please take a few moments to provide feedback on this training. Your evaluation assists DBHDS in providing a useful training. Thank you for your participation.

PLEASE CIRCLE YOUR RESPONSE BASED ON HOW YOU FEEL ABOUT THE TRAINING.

		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
1.	How satisfied are you with the registration process?	5	4	3	2	1
2.	How satisfied are you with the overall quality of the training?	5	4	3	2	1
3.	How satisfied are you with the presenter?	5	4	3	2	1
4.	How satisfied are you with the location selection?	5	4	3	2	1
5.	Do you feel comfortable with the procedure for administering naloxone to a person experiencing an opioid overdose emergency?	Yes	No			

Please share any information that would help us improve this training:

Other Comments:
